U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

June 22, 2012

The Honorable Dianne Feinstein
Chairman
Caucus on International Narcotics Control
United States Senate
Washington, D.C. 20510

Dear Madam Chairman:

Enclosed please find responses to questions for the record arising from the appearance of Joseph Rannazzisi, Deputy Assistant Director, Drug Enforcement Administration, before the Caucus on April 6, 2011, at a hearing entitled "The Dangers of Synthetic Cannabinoids and Stimulants." We apologize for our delay and hope that this information is of assistance to the Caucus.

Please do not hesitate to call upon us if we may be of additional assistance. The Office of Management and Budget has advised us that there is no objection to submission of this letter from the perspective of the Administration's program.

Sincerely,

Judith C. Appelbaum
Acting Assistant Attorney General

Enclosure

cc: The Honorable Charles Grassley
Co-Chairman

Questions for the Record
Joseph Rannazzisi
Deputy Assistant Administrator
Drug Enforcement Administration

Caucus on International Narcotics Control
United States Senate

"The Dangers of Synthetic Cannabinoids and Stimulants"
April 6, 2011

Questions for the Record from Senator Charles E. Grassley

1. Synthetic Drug Impact on Military Readiness

Senator Feinstein and I asked the Department of Defense to provide a statement about the impact synthetic drug use has on members of the armed forces. It has become apparent that our soldiers, sailors, marines and airmen previously viewed drugs like K2 and spice as lawful alternatives to get high. Thankfully, the military has stepped in and made it clear use of these substances violates the Uniform Code of Military Justice.

What impact do you believe synthetic drug use has on military readiness?

Response:

The five synthetic cannabinoids that DEA controlled via the temporary scheduling provision of the Controlled Substances Act (CSA) have the potential to be extremely harmful and, therefore, pose an imminent hazard to the public safety. Health warnings have been issued by numerous state and local public health departments and poison control centers describing the adverse health effects associated with the use of these synthetic cannabinoids and their related products, including agitation, anxiety, nausea, vomiting, tachycardia (fast, racing heartbeat), elevated blood pressure, tremor, seizures, hallucinations, paranoid behavior, and non-responsiveness.

Smoking synthetic cannabinoids for the purpose of achieving intoxication and experiencing the psychoactive effects has been identified as a reason for emergency room visits and calls to poison control centers. In a fact sheet issued by the National Drug Court Institute, the problem of synthetic cannabinoid abuse is described as "significant and disturbing." Case reports describe psychotic episodes, withdrawal, and dependence associated with use of these synthetic cannabinoids, similar to syndromes observed in marijuana abuse.

Effective October 21, 2011, DEA temporarily controlled three synthetic cathinones pursuant to the temporary scheduling provisions of the CSA. The substances are 4-methyl-N-

methylcathinone (mephedrone), 3,4-methylenedioxy-N- methylcathinone (methylone), and 3,4-methylenedioxypyrovalerone (MDPV). These synthetic stimulants cause effects similar to those caused by other stimulants such as methamphetamine, MDMA, and cocaine. These synthetic substances are abused for their desired effects, such as euphoria, alertness, talkativeness, and sexual arousal. There have been reports of overdoses from ingestion of "bath salt" products which resulted in emergency room visits, hospitalizations, and severe psychotic episodes, some of which have led to violent outbursts, self-inflicted wounds, and, in at least one instance, suicide. Abusers of "bath salt" products have reported that they experienced many adverse effects such as chest pain, increased blood pressure, increased heart rate, agitation, panic attacks, hallucinations, extreme paranoia, and delusions.

DEA recognizes that all drug abuse is harmful to the public health and safety, as well as to each individual abuser's health and welfare. However, DEA is not in a position to comment on military readiness due to synthetic drug use. DEA has also been informed that, despite the significant progress that has been made in reducing substance abuse rates in the military since the 1980s, the Department of Defense is increasingly concerned about the threat of synthetic drug abuse, including prescription medications, synthetic marijuana (spice), and synthetic amphetamines (bath salts). While these drugs can clearly have an impact on the health and well-being of military service members and their families, they could also pose a potential risk to military readiness. For these reasons, the Department of Defense is working with the National Institute for Drug Abuse to evaluate the prevalence of these drugs among the military service population to better understand this phenomenon within the defense community.

Has the DEA encountered stores, websites, or other sellers of the products specifically targeting members of the armed forces. If so, how prevalent is this effort to get our men and women in uniform hooked on these drugs?

Response:

"Herbal incense" products marketed in the U.S. are generally marketed as "legal" and as providing a marijuana-like high when smoked. They have become increasingly popular, particularly among teenagers and young adults. There is also a growing abuse of a variety of synthetic compounds that produce stimulant effects when ingested. These products are not approved by the FDA for human consumption.

Both synthetic cannabinoids and synthetic stimulants are "designer drugs" that are manufactured and distributed in an attempt to circumvent the CSA. They are marketed in a manner so as to mask their intended purpose and are labeled with a statement that the package contents are "not for human consumption," or are "for novelty use only." The purpose of this statement is to circumvent the Controlled Substance Analogue Enforcement Act of 1986 (as amended), which states that controlled substance analogues shall, "*to the extent intended for human consumption*," be treated as a controlled substance in schedule I. 21 U.S.C. § 813 (emphasis added). The manufacturers and retailers who make and sell these products do not fully disclose all of the product's ingredients and never disclose the active and potentially harmful ingredient(s). These products are sold at a variety of retail outlets, in head shops, and

over the internet from both domestic and international sources. DEA has not encountered businesses specifically targeting members of the armed forces.

2. Salvia

A new drug trend is emerging among teens and young adults that involves a hallucinogenic herb know as Salvia Divinorum (salvia). Although salvia is a natural herb, salvia use is growing among the younger crowd in part from online video testimonials on the popular website Youtube. Online advertisements also claim salvia is a good way to get "legally high. Users can purchase seeds, whole plants, fresh or dried leaves, or a liquid extract of the active ingredient Salvinorin A at various strengths online and at local shops. Salvia is currently not federally scheduled, but it is on the DEA's "watch list." At least 9 countries and 24 states have banned or heavily restricted the sale of salvia and 9 more (including Iowa) are currently considering bans.

Proponents of salvia argue that use is not widespread, however, the results from the 2009 Monitoring the Future Survey revealed that 5.7% of 12th graders reported past-year use of salvia, and results from the 2006 National Survey on Drug Use and Health estimated that 1.8 million people aged 12 or older in the U.S. had used salvia in their lifetime. The survey also estimated that 756,000 people used Salvia in the previous year. 18-25 year olds are the most likely age group to use salvia.

Does the DEA believe Salvia should be a scheduled drug?

Response:

The active constituent of *Salvia divinorum* has been identified as salvinorin A. Salvia divinorum is grown domestically and imported from Mexico and Central and South America. As an organic substance, it is not considered a "designer drug," nor is it typically synthesized from any other chemical substance. The internet is used for the promotion and distribution of Salvia divinorum. It is sold as seeds, plant cuttings, whole plants, fresh and dried leaves, extract-enhanced leaves of various strengths (e.g., 5x, 10x, 20x, 30x), and liquid extracts purported to contain salvinorin A. These products are also sold at local shops (e.g., head shops and tobacco shops) and over the internet as a legal alternative to controlled hallucinogens; however DEA is not aware of any legitimate medical use of these products. Salvinorin A is abused for its ability to evoke hallucinogenic effects, which, in general, are similar to those of schedule I hallucinogens such as lysergic acid diethylamide (LSD) and psilocybin.

The Controlled Substances Act, enacted by Congress in 1970, generally revised the federal regulation of narcotics and other dangerous drugs. By statutory criteria, schedule I controlled substances have a high potential for abuse and have no currently accepted medical use in treatment in the United States. 21 U.S.C. § 812(b)(1). In addition, there is a lack of accepted safety for use of these drugs under medical supervision. 21 U.S.C. § 812 (b)(1).

Scheduling substances must be accomplished by statute or by administrative procedure. Congress may designate any substance as a controlled substance or transfer a substance between

schedules pursuant to its legislative authority, or the DEA Administrator (the Attorney General's designee for these matters) may add, remove, or transfer a substance between schedules pursuant to the Administrator's rulemaking authority. See 21 U.S.C. § 811(a). This rulemaking procedure may be initiated by the DEA Administrator or the Secretary of Health and Human Services (or her designee), or on the petition of any interested party. 21 U.S.C. § 811(a).

Currently, DEA is gathering and evaluating data on the pharmacology, toxicology, and abuse of salvinorin A. Controlling salvinorin A would impose regulatory control and criminal sanctions upon handling the substance without proper authority.

In order to initiate the administrative procedure to schedule salvinorin A as a controlled substance, the DEA Administrator must find that the substance has a potential for abuse and make specific findings regarding the proposed schedule. 21 U.S.C. § 811(a)(1)(A) and (B). For example, if the DEA Administrator sought to control salvinorin A as a schedule I controlled substance, the Administrator must find that the drug has a high potential for abuse; the drug has no currently accepted medical use in treatment in the United States; and there is a lack of accepted safety for use of the drug under medical supervision.

Before the DEA Administrator may initiate the above-referenced administrative procedure, the Administrator must request from the Secretary of Health and Human Services (HHS) a scientific and medical evaluation, and recommendations as to whether the drug should be scheduled. 21 U.S.C. § 811(b).

In making her evaluation and recommendations, the Secretary must consider the following factors in relation to the drug:

1. Scientific evidence of its pharmacologic effect, if known;
2. The state of current scientific knowledge regarding the drug or other substance;
3. What, if any, risk there is to the public health;
4. Its psychic or physiological dependence liability;
5. Whether the substance is an immediate precursor of a substance already controlled under the Controlled Substances Act.

21 U.S.C. § 811(b) & (c).

The Secretary must also examine any scientific or medical considerations with regard to:

1. The drug's actual or relative potential for abuse;
2. The drug's history and current pattern of abuse;
3. The scope, duration, and significance of abuse.

21 U.S.C. § 811(b) & (c).

Following consideration of the above eight factors, the Secretary must evaluate and make recommendations with respect to the appropriate schedule under which the substance should be listed. 21 U.S.C. § 811(b). The evaluation and recommendations relate to a substance's abuse

potential, currently accepted medical use, and safety or dependence liability. See 21 U.S.C. § 812(b). The Secretary's written recommendations regarding scientific and medical matters are binding on DEA. If the Secretary recommends that a substance not be controlled, DEA cannot control it.

DEA is currently working with HHS to evaluate the possibility of adding salvinorin A to schedule I pursuant to the CSA scheduling provisions. However, any such administrative scheduling action by DEA could be substantially delayed if opponents were to request an administrative hearing and/or file an appeal in federal court. In contrast, if Congress were to schedule the drug, such legislation would take effect immediately and not be subject to legal challenge.

3. Further Efforts

The efforts on part of community anti-drug coalitions, law enforcement, members of the health community, and the public at large to fight the use and abuse of synthetic drugs are ongoing. However, it is clear that we are only at the beginning of a broader problem and future efforts to stop this abuse will be needed.

What more do you believe needs to be done to halt the spread of these drugs?

Response:

The 2010 *National Drug Control Strategy* was a comprehensive approach to combat the public health and safety consequences posed by drug use. The *Strategy* establishes ambitious goals to reduce both drug use and drug-related consequences. This five-year plan aims to cut drug use among youth by 15 percent, drug-induced deaths and drug-related morbidity by 15 percent, and drugged driving by 10 percent. To achieve these goals, the *Strategy* focuses on seven core areas: strengthening efforts to prevent drug use in our communities; seeking early intervention opportunities in health care; integrating treatment for substance use disorders into health care, and supporting recovery; breaking the cycle of drug use, crime, delinquency, and incarceration; disrupting domestic drug trafficking and production; strengthening international partnerships; and improving information systems to better analyze, assess, and locally address drug use and its consequences. Built upon this policy framework, the *2011 National Drug Control Strategy* addressed several important legislative developments, and added a focus on the needs of special populations such as college and university students, women and families, and military members, veterans, and their families.

Questions for the Record from Senator Dianne Feinstein

4. On March 17, 2011, Senator Grassley and I introduced the Dangerous Synthetic Drug Control Act of 2011. The bill aims to schedule 15 of the source chemicals within K2, Spice similar products and place them as Schedule I narcotics under the Controlled Substances Act with other dangerous drugs. The bill also includes language you advanced to amend the Controlled Substances Act, doubling the timeframe the Drug Enforcement Administration and the Department of Health and Human Services have to emergency schedule substances from 18 months to 36 months to allow for dangerous substances to be quickly removed from the market while being studied for permanent scheduling.

How can this legislation be enhanced to stop the sale of dangerous synthetic drugs?

Response:

The Department of Justice is supportive of working with the Congress to protect the public health and safety and to ensure that the Attorney General has the necessary tools to administratively control emerging drug threats in a timely manner. It is noted that S. 605, the *Dangerous Synthetic Drug Control Act of 2011*, also known as the *David Mitchell Rozga Act*, seeks to immediately place many of the known synthetic cannabinoids appropriately into schedule I. The bill also doubles the time over which the Attorney General, and by delegation the DEA, can place substances of abuse temporarily into schedule I, allowing additional time to conduct the complex requisite research and scientific analysis to support a final scheduling determination by the DEA Administrator in conjunction with the Secretary of Health and Human Services.

The Department of Justice supports the goals of S. 605, as detailed in the attached letter expressing the Department of Justice's views on H.R. 1254, the "Synthetic Drug Control Act of 2011." Because of the potential impact of synthetic drug abuse among our nation's military service members, particularly among the high-risk group of ages 18 to 25, the Department of Defense has also indicated to DEA and the Office of National Drug Control Policy its support for expanding the schedule of drugs to include synthetic cannabinoids, synthetic amphetamines and their analogues. While these drugs can clearly have an impact on the health and well-being of military service members and their families, they could also pose a potential risk to military readiness. For these reasons, the Department of Defense is working with the National Institute for Drug Abuse to evaluate the prevalence of these drugs among the military service population to better understand this phenomenon within the defense community.

Challenges persist in controlling new emerging drugs of abuse, particularly in identifying analogues of identified schedule I substances; however, unilateral action by the Congress to place these dangerous substances directly into the schedule and afford the DEA additional time to complete administrative scheduling actions pursuant to the CSA's temporary scheduling provision would be beneficial to the public's health and safety.

The primary challenges to preventing the distribution and abuse of controlled substance *analogues*, as opposed to controlled substances *per se*, center on timing and proof. This is because a controlled substance *per se* is specifically identified by statute or regulation as a controlled substance to which clear statutory controls automatically attach, while a controlled substance *analogue* is not specifically identified and is not automatically subject to control. Rather, extensive analysis and investigation are required to first establish that a particular substance is a controlled substance analogue before the substance may be treated as a schedule I controlled substance.

Under 21 U.S.C. § 802(32), as interpreted by the weight of court decisions, the government can prove that a substance is an analogue if: (1) the chemical structure of the substance is "*substantially similar*" to the chemical structure of a schedule I or II controlled substance; AND (2) the substance is pharmacologically similar to or greater than a schedule I or II controlled substance, *i.e.,* has a similar or greater pharmacological effect on the central nervous system; OR (3) with respect to a particular person, that such person represents or intends the substance to have a pharmacological effect "*substantially similar*" to or greater than a schedule I or II controlled substance.

These statutory criteria require extensive investigation and analyses, as well as a qualified expert's opinion regarding the chemical and pharmacological characteristics of the substance. It is almost impossible outside of a controlled laboratory environment to determine the chemical composition, and the quantity, potency, and type of synthetic ingredients in these substances.

Many of the controlled substance analogue investigations are based upon a substance's substantial similarity to a schedule I or II controlled substance in both pharmacological and chemical components. However, these investigations can be circumvented by scientists who can create new substances that are pharmacologically similar to a schedule I or II controlled substance, but may or may not be chemically (structurally) similar to a schedule I or II controlled substance.

This develops into a circular path in which, as DEA investigates, researches, and develops evidence pertinent to potential analogue substances in support of administrative control, illicit drug makers abandon these substances and create *new* substances that DEA must turn to and investigate, research, and develop evidence to support administrative control. In the end, DEA expends substantial scientific and investigative resources and is still continuously one step behind the traffickers. For this reason, the distribution and abuse of synthetic drugs cannot be fully addressed by temporary scheduling. Scheduling via legislation is an additional tool to promote public health and safety.

Unless the controlled substance analogue is placed into the controlled substance schedules, either administratively by DEA or legislatively by the Congress, each individual prosecution of a violation of the CSA relative to a controlled substance analogue must establish that the particular substance is an analogue under the statutory definition, as set out above. In analogue prosecutions, the government must prove that the substance either (1) is both "substantially similar" in chemical and pharmacological components to a schedule I or II controlled substance; or (2) is "substantially similar" in chemistry and is *represented or intended*

to have pharmacological effects "substantially similar" to a schedule I or II substance. Consequently, the government must utilize expert witnesses to prove the chemical structure of the substance irrespective of which pharmacological theory – actual or represented/intended – it pursues. As these are opinions, they are therefore subject to opposing views from other experts. A single successful prosecution under the analogue provision of the CSA does not render the substance an analogue in subsequent prosecutions.

These are all challenges that the DEA will continue to overcome, and the DEA will work with its local, state and federal counterparts to protect the public against the dangers of these ever-changing synthetic cannabinoids, stimulant compounds, and "designer" drugs.

U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

September 30, 2011

The Honorable F. James Sensenbrenner Jr.
Subcommittee on Crime, Terrorism, and Homeland Security
Committee on the Judiciary
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter provides the Department of Justice's views on H.R. 1254, as amended by the Committee on Energy and Commerce, titled the "Synthetic Drug Control Act of 2011." The bill would amend the Controlled Substances Act (CSA) to address the growing use and misuse of synthetic drugs by placing a number of substances in schedule I and by extending the length of time that a drug may be temporarily placed in schedule I.

We support the bill as drafted, but believe it can be strengthened with the addition of the "2C family" of drugs listed in an appendix to this letter and in S. 839. The Department also supports the goals of S. 605, Dangerous Synthetic Drug Control Act of 2011 or the "David Mitchell Rozga Act"; S. 839, Combating Designer Drugs Act of 2011; and S. 409, Combating Dangerous Synthetic Stimulants Act of 2011. H.R. 1254 already contains many provisions included in S. 605 and S. 409, and we urge that the bill be expanded to include the provisions of S. 839.

The Threat of Synthetic Drugs

In recent years, a growing number of dangerous products have been introduced into the U.S. marketplace. Products labeled as "herbal incense" have become increasingly popular, especially among teens and young adults. These products consist of plant materials laced with synthetic cannabinoids which, when smoked, mimic the deleterious effects of delta-9-tetrahydrocannabinols (THC), the principal psychoactive constituent in marijuana. To underscore the scope and breadth of the synthetic cannabinoid problem, a recent report prepared by the United Nations Office on Drugs and Crime (UNODC) notes that more than 100 such substances have been synthesized and identified to date.[1]

There is also growing evidence demonstrating the abuse of a number of substances labeled as "bath salts" or "plant foods" which, when ingested, snorted, smoked, inhaled, or injected, produce stimulant and other psychoactive effects. These synthetic stimulants are based on a variety of compounds and are purported to be alternatives to the controlled substances cocaine, amphetamine, and Ecstasy (MDMA). These drugs have been distributed and abused in

[1] UNODC. Synthetic cannabinoids in herbal products. SCITEC/24. April 2011: p. 5.

Europe for several years and have since appeared here in the United States. According to a recent National Drug Intelligence Center report, poison control centers and medical professionals around the country have reported an increase in the number of individuals suffering adverse physical effects associated with abuse of these drugs.

There are other newly developed drugs that also pose a significant threat to the public. This includes the "2C family" of drugs (dimethoxyphenethylamines), which are generally referred to as synthetic psychedelic/hallucinogens. Recently, a 19-year-old male in Minnesota died of cardiac arrest after allegedly ingesting 2C-E, one of the substances within this class of drugs. We note that the 2C substances listed in the attached Appendix are included in the list of substances covered by S. 839. The Department supports the addition of the 2C family of substances listed in the Appendix to H.R. 1254.

Products containing synthetic drugs are dangerous and represent a growing challenge to law enforcement. Apart from the wide array of harmful or even lethal side effects of many of the listed substances, neither the products nor their active ingredients have been approved by the Food and Drug Administration for use in medical treatment, and manufacturers and retailers of the products containing these substances do not disclose that there are synthetic drugs in their products. Synthetic drug abusers may endanger not only themselves but others: some become violent when under the influence of these substances, and abusers who operate motor vehicles after using synthetic drugs likely present similar dangers as those under the influence of controlled substances.

With the exception of the five substances recently controlled by the Drug Enforcement Administration (DEA) pursuant to its temporary scheduling authority, the listed synthetic cannabinoids and synthetic stimulants are not currently in any schedule under the CSA.

Efforts to Control Synthetic Drugs

Congress created an interagency process for placing new and emerging drugs into one of five schedules of the CSA (21 U.S.C. 811 *et seq.*). One such mechanism, temporary scheduling (21 U.S.C. 811(h)), was specifically designed to enable the Department to act in an expeditious manner if such action is necessary to avoid an imminent hazard to the public safety. In response to the growing threat posed by known synthetic cannabinoids, on March 1, 2011, the DEA temporarily placed the following five synthetic cannabinoids in schedule I: JWH-018, JWH-073, JWH-200, CP-47, 497, and CP-47, 497 C8 homologue.[2]

The DEA is currently gathering scientific data and other information about synthetic cathinones as well as evaluating their psychoactive effects to support administrative action to schedule these substances under the CSA. To temporarily schedule these stimulants, the DEA must find that placement in schedule I is necessary to avoid an imminent hazard to the public

[2] 76 FR 11075. Published March 1, 2011.

safety, a finding that requires the DEA to consider the following three factors: history and current pattern of abuse; the scope, duration, and significance of abuse; and what, if any, risk there is to the public health, including actual abuse; diversion from legitimate channels; and clandestine importation, manufacture, or distribution. Once data have been gathered to meet the statutory criteria to temporarily schedule these cathinones, the Department will initiate an action to temporarily place them into schedule I. In fact, on September 8, 2011, the DEA published a notice of intent in the Federal Register (21 FR 55616) to temporarily place mephedrone, methylone and MDPV in schedule I.

Unfortunately, however, the distribution and abuse of synthetic drugs cannot be fully addressed by temporary scheduling because as law enforcement investigates, researches, and develops evidence to support such action, illicit drug makers create *new* synthetic drugs for the purpose of evading federal law. Scheduling via legislation is an additional tool to promote public health and safety.

Purpose of Legislation

Placing synthetic cannabinoid and synthetic stimulant substances in schedule I would expose those who manufacture, distribute, possess, import, and export synthetic drugs without proper authority to the full spectrum of criminal, civil, and administrative penalties, sanctions, and regulatory controls. Unless authorized by the DEA, the manufacture and distribution of these substances, and possession with intent to manufacture or distribute them, would be a violation of the CSA and/or the Controlled Substances Import and Export Act.

H.R. 1254, as well as S. 409, would amend the CSA by expanding the list of substances in schedule I of the CSA (21 U.S.C. 812(c)). To address synthetic cannabinoid abuse, the bill names 15 unique substances that would be placed in schedule I; this list includes those temporarily scheduled by the DEA. Additionally, the bill creates five structural classes of substances collectively referred to as "cannabimimetic agents." In order for a substance to be a cannabimimetic agent, the substance must: 1) bind to the CB1 receptor[3]; and 2) meet any of the definitions for those structural classes. If both criteria are met, that substance will be a schedule I cannabimimetic agent controlled substance.

To address emerging synthetic stimulant abuse, H.R. 1254 names 17 unique substances that would be placed in schedule I. These substances have either been encountered by law enforcement here in the United States or are most likely to be encountered by law enforcement in the United States based on their use and misuse in Europe, which is likely where the use and misuse originated.

[3] The CB1 receptor is located mainly in the brain and spinal cord and is responsible for the typical physiological and psychotropic effects associated with marijuana use.

Finally, the bill seeks to double the amount of time allowed for the Department to temporarily schedule new and emerging drugs by amending 21 U.S.C. 811(h). In this regard, the bill seeks to enhance the tools available to the Department to combat the abuse of new drugs that will appear in the future.

For these reasons, the Justice Department supports H.R. 1254 and recommends that the Committee consider strengthening it in the ways we have proposed.

Thank you for the opportunity to present our views. The Office of Management and Budget has advised us that from the perspective of the Administration's program, there is no objection to the submission of this letter.

Sincerely,

Ronald Weich
Assistant Attorney General

cc: Robert "Bobby" Scott
Ranking Member
Subcommittee on Crime, Terrorism, and Homeland Security
Committee on the Judiciary

Charles W. Dent
U.S. House of Representatives

Appendix

Additional Synthetic Drugs for Inclusion in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)

- Redline of H.R. 1254, as amended by Energy and Commerce on July 28, 2011 –

"(35) 2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (2C-E).

(36) 2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (2C-D).

(37) 2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (2C-C).

(38) 2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (2C-I).

(39) 2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (2C-T-2).

(40) 2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (2C-T-4).

(41) 2-(2,5-Dimethoxyphenyl)ethanamine (2C-H).

(42) 2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (2C-N).

(43) 2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (2C-P)."